

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032  
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|   |  |                          |                     |
|---|--|--------------------------|---------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>                                      |  | <b>Complete if Known</b> |                     |
|   |  | Application Number       | 09/866,664          |
|   |  | Filing Date              | May 30, 2001        |
|   |  | First Named Inventor     | TARO IKEDA          |
|   |  | Examiner Name            | Kyle M. Pendergrass |
| <input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27 |  | Art Unit                 | 2624                |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | Attorney Docket No.      | 03500.015393        |
| (\$ ) 0.00  |  |                          |                     |

**METHOD OF PAYMENT** (check all that apply)

|   |   |  |                               |   |
|---|---|--|-------------------------------|---|
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Money Order                                 | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>06-1205</u>  | Deposit Account Name: <u>Fitzpatrick, Cella, Harper &amp; Scinto</u> |                               |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                    |   |  |                               |   |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |  |                               |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |  |                               |   |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |

**2. EXCESS CLAIM FEES**

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple dependent claims   | 360      | 180                   |

| Total Claims   | Extra Claims   | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--|----------------|----------|---------------|---------------------------|----------|---------------|
| 8  | - 20 or HP = 1 | x 0 = 0  |               |                           |          |               |
| HP = highest number of total claims paid for, if greater than 20 |                |          |               |                           |          |               |
|  |                |          |               | 0                         |          | 0             |

| Indep. Claims   | Extra Claims  | Fee (\$) | Fee Paid (\$) |
|---|---------------|----------|---------------|
| 1   | - 3 or HP = 0 | x 0 = 0  |               |
| HP = highest number of independent claims paid for, if greater than 3 |               |          |               |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
|              | - 100 =      | / 50 =   | (round up to a whole number) x |               |

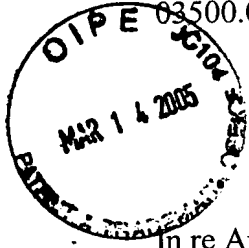
**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) |                |
| Other:  |                |

**SUBMITTED BY**

|                   |                  |   |                           |
|-------------------|------------------|---|---------------------------|
| Signature         |                  | Registration No.<br>(Attorney/Agent) 55,112 | Telephone<br>202-530-1010 |
| Name (Print/Type) | Michael J. Didas | Date: March 14, 2005                        |                           |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



03500.015393

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TARO IKEDA

Application No.: 09/866,664

Filed: May 30, 2001

For: IMAGE FORMING APPARATUS

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Examiner: Kyle M. Pendergrass  
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Group Art Unit: 2624  
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Confirmation No.: 5135  
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March 14, 2005 (Monday)

**Mail Stop Amendment**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed December 13, 2004, the Examiner is respectfully requested to enter the below amendments and consider the following remarks: